## **MECHANICAL DEVICE TAX APPLICATION**

SPRING GROVE BOROUGH 1 CAMPUS AVENUE SPRING GROVE, PA 17362 717-225-5791

## **APPLICATION AND INFORMATION SHEET**

Company (Location of machine)			Vendor (If applicat			
Name		ough of Spring	Name_			
Address		aduly s	Address			
			Address_			
Dhave #			-			
Phone #		■ INCORPORATED 1882	/*/ Phone #_			
If you have any questions or need additional forms,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2			
go to www.springgrovepa.gov or call 717-225-5791.		ennsylvani				
					OFFICE USE ONLY	
DESCRIPTION OF DEVICE	QUANTITY	SERIAL #/ MANUFACTURER	TAX DUE PER UNIT	RECEIPT #	STICKER #	
1						
2						
<del>-</del>						
3						
4						
E						
6						
7						
0						
•						
9						
10						
					Revised 0	1/18/2023
			\$	/ /		
			TOTAL PAID	DATE PAID		
If no device taxed under this ordinan					Grove, please note on this form.	
	Then, si	gn this form and return it to the	e Borough of Spring (	Grove.		
		MECHANICAL DEVICE TAX		I, the undersigned, do hereby certify, that all the above information is true and complete.		
		Gaming Device	\$100 per unit			
TOWNSHIP CODE INSPECTOR	_	Juke Box			TAXPAYER SIGNATURE	
2.55	_		_		2.22	
DATE					DATE	